## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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P.O. Box 199 Alexandria,	Virginia						Date:	August 5,	2003	
Telephone: (703) 836-6400 Facsimile: (703) 836-2787				MAIL STOP PATENT APPLICATION						
Customer Number: 25944			NO	NONPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						·	`,		620 620	
Sir:									633 633	
Transmitted	herewith f	or filing under 37	C.F.R. §1.53(b) is the r	onp	provisional p	atent applica	ition		5535	
For (Title): TELEPHONE TERMINAL, CALL SYSTEM, INTERNET TERMINAL AND TERMINAL CONTROL PROGRAM							AL .			
By (Inventors): Tokunori KATO; Shozo KABEYA; Kazuhiro KUWABARA; Katsunori ENOMOTO; Tetsuya OUCHI; Susumu CHIDA; Hideaki TAKAHASHI										
Formal drawings (Figs. 1-4; 4 sheets) are attached.  Use Figure for front page of Publication.  A Declaration and Power of Attorney is filed herewith.  This application claims benefit of Provisional Application No filed  (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA.  The executed Assignment is filed herewith.  An Information Disclosure Statement is filed herewith.  Entitlement to small entity status is hereby asserted.  A Preliminary Amendment is filed herewith.  Priority of foreign application No. 2002-229956 filed August 7, 2002 in JAPAN is claimed (35 U.S.C. §119).  A certified copy of the above corresponding foreign application is filed herewith.  This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  The filing fee is calculated below:  CLAIMS IN THE APPLICATION AFTER ENTRY OF  ANY PRELIMINARY AMENDMENT NOTED ABOVE  OTHER THAN A  SMALL ENTITY										
FO	R:	NO. FILED	NO. EXTRA		RATE	FEE	<u>OR</u>	RATE	FEE	
BASIC FE	E _			200		\$ 375	<u>OR</u>		\$ 750	
TOTAL CI	LAIMS	10 - 20	= 0	Ì	x 9=	\$	<u>OR</u>	x 18	\$	
INDEP CLAIMS		8 - 3	= 5		x 42 =	\$	<u>OR</u>	x 84	\$ 420	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED					+ 140 =	\$	<u>OR</u>	+ 280	\$	
* If the difference is less than zero, enter "0".					TOTAL	\$	<u>OR</u>	TOTAL	\$ 1170	

Check No. 144942 in the amount of \$1170 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted

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